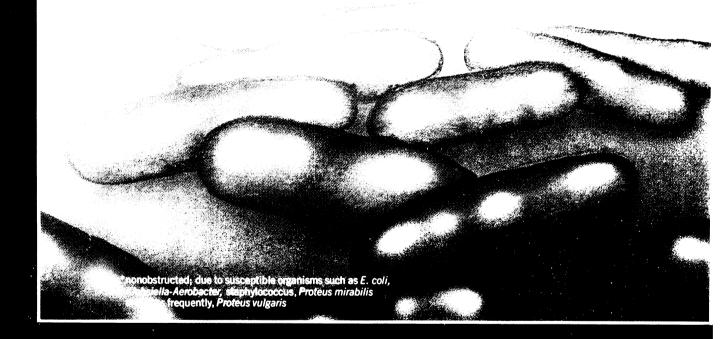


in double strength form for added convenience and economy



B.I.D. dosage improves compliance

Several studies have shown that the simpler the dosage regimen, the greater the patient compliance. 1,2 Gantanol (sulfamethoxazole) provides the convenience of simple b.i.d. dosage—and now double strength Gantanol DS tablets give your patients with acute cystitis the added convenience of taking only two tablets a day.

24-hour action against bacterial buildup

Lack of voiding during the hours of sleep permits bacterial multiplication in the bladder. The slower excretion rate of Gantanol relative to short-acting sulfonamides allows for the maintenance of therapeutic blood levels on b.i.d. dosage, thus assuring 24-hour antibacterial activity and inhibiting nighttime bacterial buildup.

In a clinical study testing the efficacy of Gantanol b.i.d. against organisms most commonly responsible for acute cystitis, including

E. coli, 81% of 406 patients tested achieved zero colonies/ml urine, 83% less than 1,000/ml and 88% less than 10,000/ml.4

Double Strength tablets

Gantanol DS tablets offer added convenience and economy for your patients with acute, nonobstructed cystitis. The simplified dosage regimen encourages patient compliance: 2 tablets (1 Gm each) STAT—then 1 tablet b.i.d. for 10 to 14 days.

Gantanol is contraindicated during pregnancy, the nursing period, and in infants under 2 months. During therapy, caution patients to maintain adequate fluid intake; perform frequent CBC's and urinalyses with careful microscopic examination.

References: 1. Gatley MS: J R Coll Gen Pract 16:39-44, July 1968. 2. Eklund LH, Wessling A: Clin Ther 1:81-89, Jan 1977. 3. Holloway WJ: Consultant 17:162-173, July 1976. 4. Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110.

2 tablets STAT, then only 1 tablet B.I.D.

Gantanol® DS sulfamethoxazole/Roche

Double Strength Tablets



34

Gantanol® DS sulfamethoxazole/Roche

Double Strength Tablets

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute, recurrent or chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli, Klebsiella-Aerobacter,* staphylococcus, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*), in the absence of obstructive uropathy or foreign bodies. Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

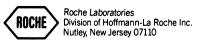
Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: Blood dyscrasias (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); allergic reactions (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); gastrointestinal reactions (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); CNS reactions (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); miscellaneous reactions (drug fever chills, toxic nephrosis with oliguria and anuria, periar-teritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents

Programment of the control of the co

of body weight initially, than 0.25 Gm/20 lbs b.i.d. Maximum dose should not exceed 75 mg/kg/24 hrs. Supplied: DS (double strength) Tablets, 1 Gm sulfamethoxazole; Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.



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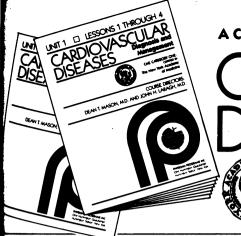
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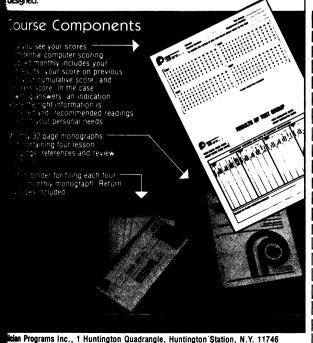
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Kaon[®] Elixir (potassium gluconate) Kaon[®] Tabs (potassium gluconate)

BRIEF SUMMARY
Kaon Tablets/Kaon Elixir

KAON® (potassium gluconate) TABLETS

Description: Each sugar-coated tablet supplies 5 mEq. of elemental potassium (as potassium gluconate 1.17 Gm.). Kaon Tablets are sugar coated, not enteric coated, which favors dissolution in the stomach and absorption before reaching the small intestine where the lesions with enteric potassium chloride have occurred. The sugar coating merely adds to palatability and ease of swallowing, not to delay absorption as does the enteric coating.

Indications: Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. It may be used in the

treatment of cardiac arrhythmias due to digitalis intoxication.

Contraindications: Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.

Warning: There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides or certain other oral diuretics. These small-bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric-coated potassium salts, although

lesions of this type also occur spontaneously. Therefore, coated potassium-containing form lations should be administered only when ind cated and should be discontinued immediately abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Coated pot sium tablets should be used only when adequadietary supplementation is not practical.

Precautions: In response to a rise in the conditation of body potassium, renal excretion of ion is increased. With normal kidney function it is difficult, therefore, to produce potassium intoxication by oral administration. However, potassium supplements must be administered with caution, since the amount of the deficien or daily dosage is not accurately known. Frequent checks of the clinical status of the pate and periodic ECG and/or serum potassium levels should be made. High serum concentral

Time is the test of all things



tions of potassium ion may cause death through cardiac depression, arrhythmias or arrest. This trug should be used with caution in the presence of cardiac disease.

In hypokalemic states, especially in patients on a salt-free diet, hypochloremic alkalosis is a possibility that may require chloride as well as potassium supplementation. In these circumstances, Kaon (potassium gluconate) should be applemented with chloride. Ammonium chloride is an excellent source of chloride ion (18.7 mEq. per Gram), but it should not be used in attents with hepatic cirrhosis where ammonium alts are contraindicated. Other sources for dloride are sodium chloride and Diluted Hydrochloric Acid, U.S.P.

It should also be kept in mind that ammonium yele cation exchange resin, sometimes used to teat hyperkalemia, should not be administered to patients with hepatic cirrhosis.

Adverse Reactions: Nausea, vomiting, diarrhea and abdominal discomfort have been reported. The symptoms and signs of potassium intoxication include paresthesias of the extremities, flaccid paralysis, listlessness, mental confusion, weakness and heaviness of the legs, fall in blood pressure, cardiac arrhythmias and heart block. Hyperkalemia may exhibit the following electrocardiographic abnormalities: disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

Overdosage: Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

KAON® (potassium gluconate) ELIXIR **Description:** Each 15 ml. (tablespoonful) supplies 20 mEq. of elemental potassium (as potassium gluconate, 4.68 Gm.) with saccharin and aromatics. Alcohol 5%. **Indications:** See Kaon Tablets.

Precautions: See Kaon Tablets.

In hypochloremic alkalosis, potassium replacement with potassium chloride (e.g., Kaochlor® 10% Liquid) may be more advantageous than with other potassium salts. Adverse Reactions: See Kaon Tablets. Overdosage: See Kaon Tablets.

WARREN-TEED

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Brief Summary of Prescribing Information

Actions: Pyrvinium pamoate appears to exert its anthelmintic effect by preventing the parasite from using exogenous carbohydrates. The parasite's endogenous reserves are depleted, and it dies. Povan is not appreciably absorbed from the gastro-intestinal tract.

Indication: Povan is indicated for the treatment of enterobiasis.

Warnings: No animal or human reproduction studies have been performed. Therefore, the use of this drug during pregnancy requires that the potential benefits be weighed against its possible hazards to the mother and fetus.

Precautions: To forestall undue concern and help avoid accidental staining. patients and parents should be advised of the staining properties of Povan. Care should be exercised not to spill the suspension because it will stain most materials. Tablets should be swallowed whole to avoid staining of teeth. Parents and patients should be informed that pyrvinium pamoate will color the stool a bright red. This is not harmful to the patient. If emesis occurs, the vomitus will probably be colored red and will stain most materials.

Adverse Reactions:

Nausea, vomiting, cramping, diarrhea, and hypersensitivity reactions (photosensitization and other allergic reactions) have been reported. The gastrointestinal reactions occur more often in older children and adults who have received large doses. Emesis is more frequently seen with Povan Suspension than with Povan Filmseals.

How Supplied: Each
Povan Filmseal* contains
pyrvinium pamoate equivalent to 50 mg pyrvinium,
supplied in bottles of 50
(NDC 0710-0747-50;
NSN 6505-00-134-1966).
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NSN 6505-00-890-1093).

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Brethine was more effective and longer acting than metaproterenol in a study of five patients with exerciseinduced asthma.

Brethine has been shown to be highly effective alone and in combination with theophylline.

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Effect may last from 6 to 8 hours. One tablet at bedtime, upon arising and at midafternoon should keep patients breathing comfortably.

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Brethine produces proportionally greater changes in pulmonary function than in heart rate or blood pressure.

Tablets of 2.5 mg and 5 mg.

Some patients may experience mild hand tremor or 'shakiness" when Brethine therapy is initiated. This may be minimized by starting patients with 2.5 mg doses.

Brethine[®], brand of terbutaline sulfate, Tablets 5 mg, Tablets 2.5 mg, Before prescribing or administering, please consult complete product information, a summay which follows:

Tablets contain 5 mg. (equivalent to 4.1 mg. of free base) or 2.5 mg. (equivalent to 2.05 mg. of free base) of Brethine, brand of terbutaline sulfate.

Indications: As a bronchodilator for bronchial asthma and for reversible bronchospasm which may occur in association with bronchitis and emphysema.

Contraindications: Known hypersensitivity to sympathomimetic amines.

Warnings: Usage in Pregnancy: The safety of the use of Brethine, brand of terbutatine sulfate, in human pregnancy has not been established. The use of the drug in pregnancy, lactation, or women of childbearing potential aquires that the expected therapeutic benefit of the drug be weighed against its possible hazards to the mother or that

Usage in Pediatrics: Brethine, brand of terbutaline at fate, tablets are not presently recommended for children below the age of twelve years due to insufficient clinical data in this pediatric group.

Precautions: Brethine, brand of terbutaline sulfate, should be used with caution in patients with diabetes, hypertension, and hyperthyroidism. As with other sympathomimetic bronchodilator agents, Brethine, brand of the butaline sulfate, should be administered cautiously to cardiac patients, especially those with associated arrhythmia Although the concomitant use of Brethine, brand of terbutaline sulfate, with other sympathomimetic agents is and recommended, the use of an aerosol bronchodilator of the adrenergic stimulant type for the relief of an acute bronchospasm is not precluded in patients receiving chronical Brethine, brand of terbutaline sulfate, therapy.

Adverse Reactions: Commonly observed side effect include nervousness and tremor. Other reported reactions include headache, increased heart rate, palpitations, drowsiness, nausea, vomiting, and sweating. These reactions are generally transient in nature, usually do not require treatment, and appear to diminish in frequency with continued therapy. In general, all the side effects observe are characteristic of those commonly seen with sympathomimetic amines.

How Supplied: Round, scored, white tablets of 5 m in bottles of 100 and 1,000 and Unit Dose Packages of 10 oval, scored, white tablets of 2.5 mg, in bottles of 100. (8) 98-146-060-E (Rev. 4/76)667004 C76-12

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SENSE

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

*Indications: When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia car has been associated with cardiac irregularities. more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K⁺ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K+ intake. Associated widened QRS complex or arrhythmia requires SERUM K+AND BUN SHOULD prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other

adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids).

Periodic BUN and serum creatinine determinareserve with possible metabolic acidosis.

FOR LONG-TERM CONTROL

BE CHECKED PERIODICALLY.

(SEE WARNINGS SECTION.)

OF HYPERTENSION!

tions should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K+ frequently; both can cause K+ retention and elevated serum K+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali

> 'Dyazide' interferes with fluorescent measurement of auinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness. headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions;

nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO., Carolina, P.R. 00630







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- TRIAMINIC® SYRUP: "The Orange Medicine" for stuffed and runny noses. Nonalcoholic.
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No Rx needed—economical for mother; timesaving for you.



A New Vision of Catapres[®] (clonidine HCI)

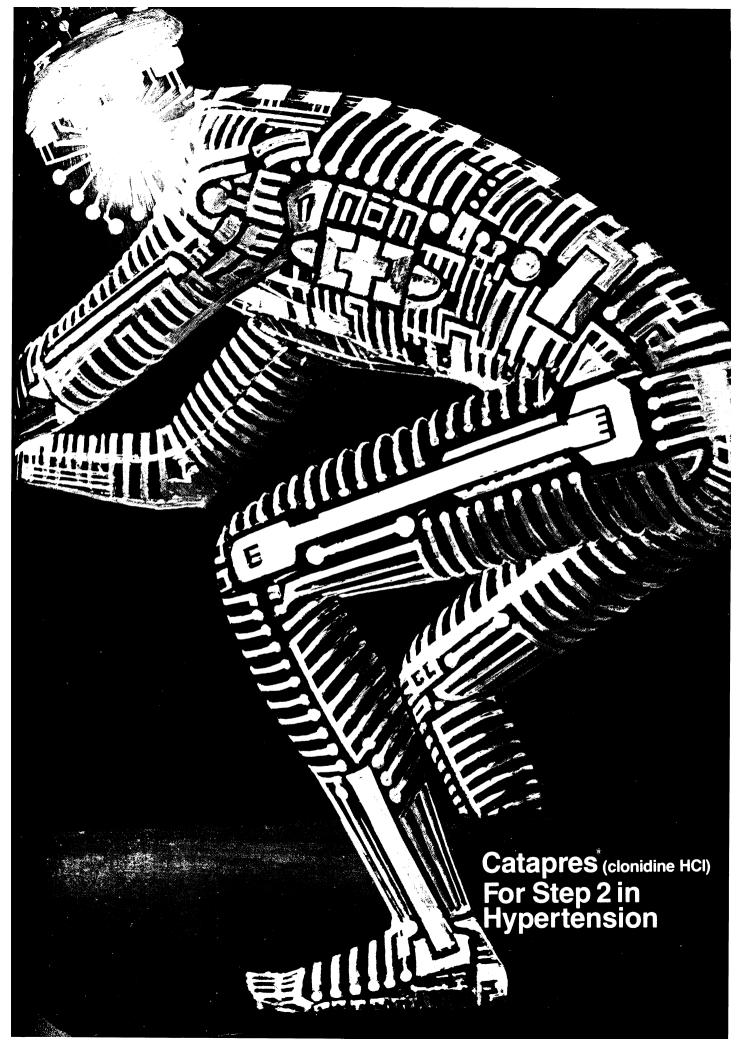
The first 20 days

- Catapres lowers blood pressure promptly.
- No contraindications.
- Some patients may have dry mouth, drowsiness, and sedation. Tell them that these tend to diminish with continued use.
- Giving the larger part of the divided dose at bedtime can help alleviate drowsiness and seda

The next 20 years®

- Lowered blood pressure.
- Little impotence, depression or postural hypo
- No fatal hepatotoxicity in over a decade of worldwide use.
- Broad therapeutic dosage range to keep ster with changing dosage needs over the year
- * Tolerance may develop in some patients, necessitating a reevaluation of therapy.

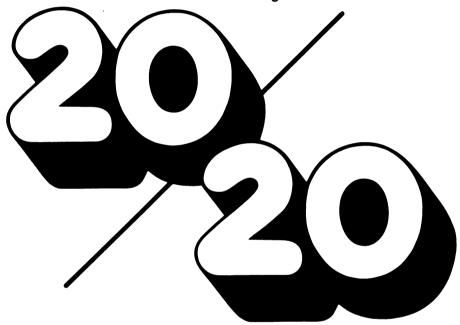
For full details on adverse reactions, warnings, and precautions, see brief summary of the prescribing information on last page of this advertisement.



HYPERTENSION

A New Vision of Catapres® (clonidine HCI)

Tablets of 0.1 and 0.2 mg



What you do the first 20 days Can help him the next 20 years

Catapres® (cionidine hydrochloride)
Tablets of 0.1 mg and 0.2 mg

Indication: The drug is indicated in the treatment hypertension. As an antihypertensive drug, Catapa (clonidine hydrochloride) is mild to moderate in palt may be employed in a general treatment program with a diuretic and/or other antihypertensive agent as needed for proper patient response.

Warnings: Tolerance may develop in some patients necessitating a reevaluation of therapy.

Usage in Pregnancy: In view of embryotoxic finding animals, and since information on possible adventige effects in pregnant women is limited to uncontrolled clinical data, the drug is not recommended in women who are or may become pregnant unless the potential soutweigh the potential risk to mother and Usage in Children: No clinical experience is available with the use of Catapres (clonidine hydrochloride) children.

Precautions: When discontinuing Catapres (clonic hydrochloride), reduce the dose gradually over 2 to 4 days to avoid a possible rapid rise in blood press and associated subjective symptoms such as new ness, agitation, and headache. Patients should be instructed not to discontinue therapy without const their physician. Rare instances of hypertensive end lonathy and death have been recorded after cessal of clonidine hydrochloride therapy. A causal relation ship has not been established in these cases. It has been demonstrated that an excessive rise in bloods sure, should it occur, can be reversed by resumption of clonidine hydrochloride therapy or by intravenous phentolamine. Patients who engage in potentially hazardous activities, such as operating machin or driving, should be advised of the sedative effect This drug may enhance the CNS-depressive effects alcohol, barbiturates and other sedatives. Like any agent lowering blood pressure, clonidine hydrochlo should be used with caution in patients with sever coronary insufficiency, recent myocardial infarction cerebrovascular disease or chronic renal failure.

As an integral part of their overall long-term care, patients treated with Catapres (clonidine hydrochlor should receive periodic eye examinations. While, except for some dryness of the eyes, no drug-related abnormal ophthalmologic findings have been record with Catapres (clonidine hydrochloride), in several studies the drug produced a dose-dependent increain the incidence and severity of spontaneously occurring retinal degeneration in albino rats treated for 6 months or longer.

Adverse Reactions: The most common reactions ar dry mouth, drowsiness and sedation. Constipation, dizziness, headache, and fatique have been report Generally these effects tend to diminish with contin therapy. The following reactions have been associa with the drug, some of them rarely. (In some instar an exact causal relationship has not been establish These include: Anorexia, malaise, nausea, vomiting, parotid pain, mild transient abnormalities in liver f tion tests; one report of possible drug-induced hep titis without icterus and hyperbilirubinemia in a pat receiving clonidine hydrochloride, chlorthalidone, a papaverine hydrochloride. Weight gain, transient e tion of blood glucose, or serum creatine phosphoki congestive heart failure, Raynaud's phenomenon; dreams or nightmares, insomnia, other behavioral changes, nervousness, restlessness, anxiety and m depression. Also rash, angioneurotic edema, hives, urticaria, thinning of the hair, pruritus not associate with a rash, impotence, urinary retention, increased sensitivity to alcohol, dryness, itching or burning of eyes, dryness of the nasal mucosa, pallor, gynecomastia, weakly positive Coombs' test, asymptomatic electrocardiographic abnormalities manifested as Wenckebach period or ventricular trigeminy.

Overdosage: Profound hypotension, weakness, som lence, diminished or absent reflexes and vomiting followed the accidental ingestion of Catapres (clonidin hydrochloride) by several children from 19 months to 5 years of age. Gastric lavage and administration of analeptic and vasopressor led to complete recovery within 24 hours. Tolazoline in intravenous doses of 10 mg at 30-minute intervals usually abolishes all effects of Catapres (clonidine hydrochloride) overdosage.

How Supplied: Catapres, brand of clonidine hydrochloride, is available as 0.1 mg (tan) and 0.2 mg (orange) oval, single-scored tablets in bottles of 100 and 1000.

For complete details, please see full prescribing information.

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Neosporin Ointment

(Polymyxin B-Bacitracin-Neomycin)

This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

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Bacitracin

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Pseudomonas Haemophilus Klebsiella Aerobacter Escherichia



Burroughs Wellcome Co. Research Triangle Park North Carolina 27709

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Neosporin[®] Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin* brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is

affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.



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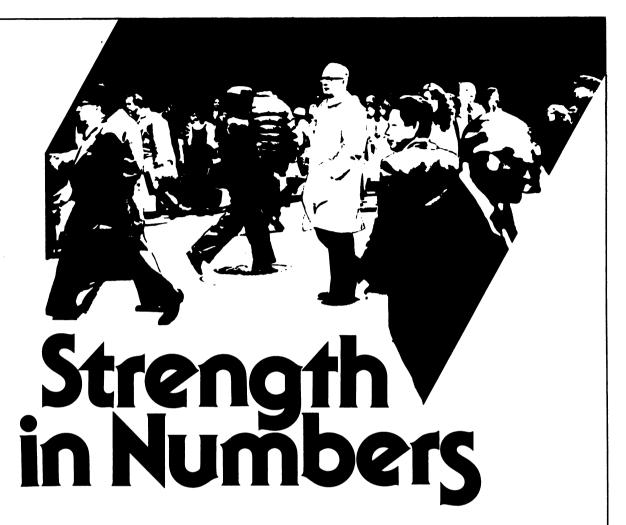
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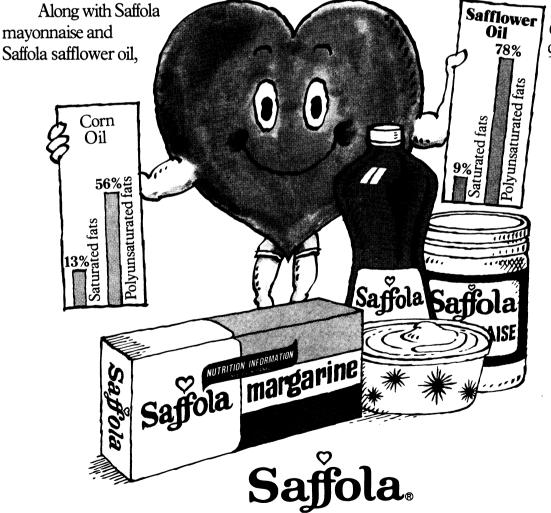
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Social Security Bill Is Signed; Gives Pensions to Aged, Jobl.

Roosevelt Approves Message Intended to Benefit 30,000 Persons When States Adopt Cooperating Laws-He Co the Measure 'Cornerstone' of His Economic Program

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, Aug. 14, The Social Security Bill, pro a broad program of unemplo insurance and old age per and counted upon to benefit 20,000,000 persons, became leday when it was signed by dent Roosevelt in the prese those chiefly responsible for ting it through

Mr. Rocsevelt cal "the comerstone

whichia eing

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sent today, 94 to 0, and sent today. ITED NATIONS CONFEREN VITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace, Insists It Be Used

HISTORIC LANDMARK

Metine Gives Standing 33

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and

safety to create it.'
"If we seek to use it selfishly—for "If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that be-trayal."

Ferrent Interpolation
The President, speaking in the
auditorium of the War Memorial
Opera House, built in memory of sons of the Golden Gate city who Van in which he himself served, enned to rive unconscious expres-ion to the selemn feeling of the topical selection of the content of his ment in additional the words

e Drei

WASHINGTON, Jan. 27 973-"With the signing of the peace agreement in Paris today, and after reeiving a report from the ecretary of the Army that



PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

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Tell it to the F

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 $oldsymbol{1}$ he Food and Drug Administration is genuinely interested in establishing communication with practicing physicians. At the CMA Annual Session, high-level representatives of the FDA will conduct an open meeting with interested members of the CMA to foster this communication. Physicians are at the interface where the actions or interactions of the FDA have an effect upon patient care. This is an opportunity to "Tell it to the FDA."

Percocet®-5

DESCRIPTION Each tablet of PERCOCET®-5 contains 5mg oxycodone hydrochloride (WARNING: May be habit forming), 325mg acetaminophen (APAP).

INDICATIONS For the relief of moderate to moderately severe pain

CONTRAINDICATIONS Hypersensitivity to oxycodone or acetaminophen.

WARNINGS Drug Dependence Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCOCET®-5, and it should be prescribed and dependence with the person degree of eviting the product of the product administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, PERCOCET®-5 is subject to the Federal Controlled Substances Act.

Usage in ambulatory patients Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using PERCOCET®-5 should be cautioned accordingly

Interaction with other central nervous system depressants Patients receiving other narcotic anal-gesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCOCET®-5 may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

Usage in pregnancy Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, PERCOCET*5 should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

Usage in children PERCOCET®-5 should not be administered to children.

PRECAUTIONS Head injury and increased intra-cranial pressure The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal conditions The administration of PERCOCET®-5 or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions

Special risk patients PERCOCET®-5 should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

ADVERSE REACTIONS The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation, skin rash and pruritus.

DOSAGE AND ADMINISTRATION Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recom-mended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. PERCOCET®-5 is given orally. The usual adult dose is one tablet every 6 hours as needed for pain.

DRUG INTERACTIONS The CNS depressant effects of PERCOCET®-5 may be additive with that of other CNS depressants. See WARNINGS.

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FOR MODERATE TO MODERATELY SEVERE PAIN

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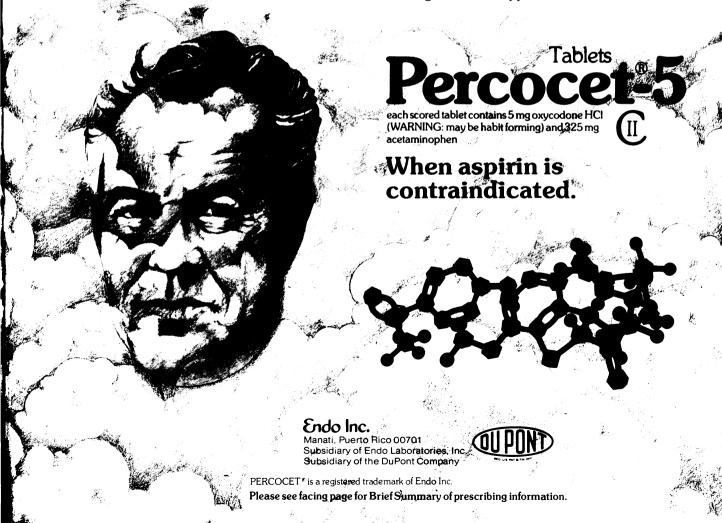
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The narcotic component in PERCOCET®-5 is oxycodone, which is readily absorbed and provides dependable oral analgesia—usually within 15 to 30 minutes. Oxycodone can produce drug dependence of the morphine type and should be prescribed with the same degree of caution appropriate to the use of other narcotic-containing medications.

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Acetaminophen is a non-narcotic analgesic widely used for aspirin-sensitive patients. Equivalent to aspirin in analgesia, it complements the pain relief provided by oxycodone.

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in hypertension

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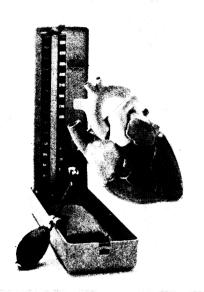
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helps lower blood pressure effectively...
usually with no direct effect on
cardiac function—cardiac output
is usually maintained

ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders. It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

For a brief summary of prescribing information, please see following page.





in hypertension

LDOMET®

(METHYLDOPA|MSD)

helps lower blood pressure effectively... usually with no direct effect on cardiac functioncardiac output is usually maintained

Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

Warnings: It is important to recognize that a

positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive,

problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed

Fever has occurred within first 3 weeks of therapy, occasionally with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy. Pregnancy and Nursing: Use of any drug in women who are or may become pregnant or intend to nurse requires that anticipated benefits be weighed against possible risks; possibility of fetal injury or injury to a nursing infant cannot be excluded. Methyldopa crosses the placental barrier, appears in cord blood, and appears in breast milk.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: urinary uric acid by the phosphotungstate method, serum creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this

Adverse Reactions: Central nervous system: Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involun-tary choreoathetotic movements; psychic distur-bances, including nightmares and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema

progresses or signs of heart failure appear.)

Gastrointestinal: Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaundice, liver

disorders

Hematologic: Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia. Positive tests for antinuclear antibody, LE cells, and rheumatoid factor

Allergic: Drug-related fever, lupus-like syndrome, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia. **Note:** Initial adult dosage should be limited to 500 mg

daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third months of therapy; increased dosage or adding a diuretic frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced ar-teriosclerotic vascular disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 500.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486 J6AM07R1(709)



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(Continued on Page 36)

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INDUSTRIAL PHYSICIAN (GP or General Surgeon) needed full-time, in North Orange County area—Experience in industrial medicine preferred. Call Dee, days only (714) 776-7922.

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(Continued on Page 38)

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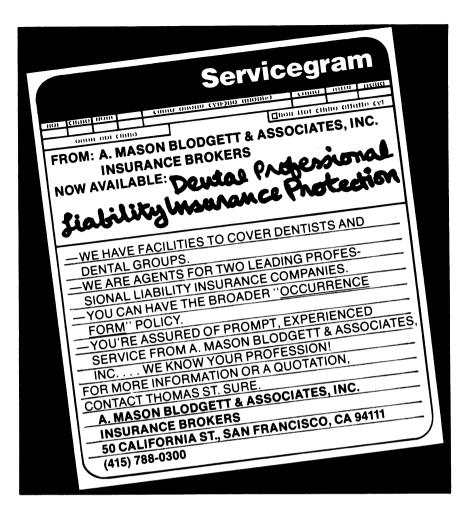
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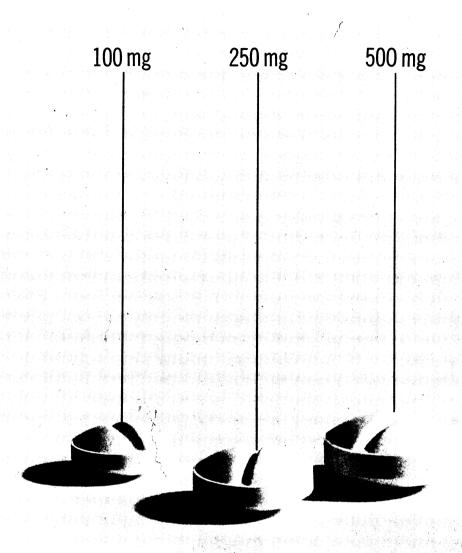
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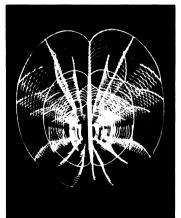
Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

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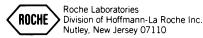


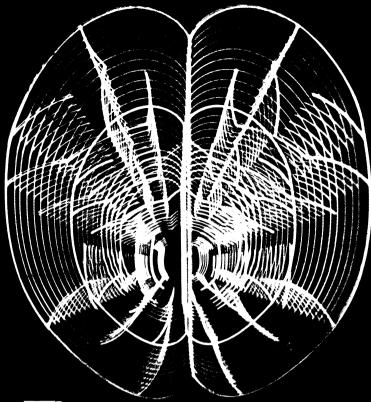
such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepaticis function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

tests advisable during long-term therapy. **Dosage:** Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d., alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.;

adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. $\Tilde{Geriatric or debilitated patients:}\ 2$ to $2\frac{1}{2}$ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) $\Tilde{Children:}\ 1$ to $2\frac{1}{2}$ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months). $\Tilde{Supplied:}\ Valium^{\circ}$ (diazepam) Tablets, 2 mg, 5 mg and 10 mg—bottles of 100 and 500; Tel-E-Dose* packages of 100, available in trays of 4 reversenumbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10.





This is a source of somatic symptoms of anxiety.



And this is a source of relief...

VALIUM

(Circle of relief...)

2-mg, 5-mg, 10-mg scored tablets



Artist's symbolic conception of a CNS reaction to excessive stress in the overanxious patient, resulting in somatic symptoms of the gastrointestinal and cardiovascular systems. Special photographic lighting techniques were applied to a model of the brain.